

# Bristol Bay Native Association

P.O. Box 310, Dillingham, Alaska 99576 Phone (907) 842-5257

## PLEASE READ BEFORE FILING AN APPLICATION

September 2015

Dear Previous Heating Assistance Recipient:

BBNA will be administering the FY 2015 federal Low Income Home Energy Assistance Program (LIHEAP) and the state funded Alaska Affordable Heating Program (AKHAP) together under one application. **Applicants must file a BBNA Heating Assistance Application each year as all other applications will be returned.** Household may only receive one benefit per year. BBNA will begin paying benefit awards on November 1.

### 2015 Income Guidelines

Household size	Gross Income (In Prior Month)
1	\$2,733
2	\$3,686
3	\$4,638
4	\$5,591
5	\$6,543
6	\$7,496

For each additional household member add \$952

### BBNA will process applications in the following priority order:

- Elderly or disabled
- Households with children under the age of six
- All other households

How is the grant calculated? Eligibility is not based solely on income, but includes the town you reside in, what type of fuel you use to heat your home, the type of building you live in, household size, income, and whether or not the household contains a member who is over 60 years of age, under six years of age, or disabled. FY2015 benefits will be paid at \$150 per point.

With this in mind, it is important that you:

- **Keep paying your heating bills while waiting for a decision on your application. Making regular payments each month to your electric and fuel vendors will prevent a crisis.**
- **If you have a payment arrangement with your vendor, keep it. Do not count on heating assistance to keep your heat and lights on.**
- **Plan ahead now. Set aside some (or all) of your PFD and/or Native corporate dividends to pay for fuel and electric this coming winter (this will not affect your eligibility for Heating Assistance).**
- Sign up for weatherization. You can find the agency serving your area on the State's Heating Assistance website: [heatinghelp.alaska.gov](http://heatinghelp.alaska.gov)
- Put up plastic over drafty windows, weather strip and caulk around doors and windows, put a door sweep on the bottom of your door to stop drafts, use fluorescent bulbs, wrap your hot water heating, and turn down the thermostat on your water heater.

- Put on an extra layer of clothing, or socks and slippers, before turning up your heat.
- Learn to save energy dollars by changing your habits. For more tips and information, see the Alaska Energy Authority's booklet, "Energy Savers Tips for Rural Alaska" at [http://www.akenergyauthority.org/PDF%20files/alaska\\_tips\\_final.pdf](http://www.akenergyauthority.org/PDF%20files/alaska_tips_final.pdf).

*How long will it take? It may take up to 45 days to determine income eligibility for heating assistance. To avoid a crisis, continue to make regular monthly payment on your fuel and electric utilities.*

**Final Checklist: ✓ Did you remember?**

***Failure to submit all required information may delay or deny your applications***

	Answer all questions?
	Include copies of picture ID and tribal card if tribally enrolled?
	Provide social security numbers and date of birth for all household members?
	Include proof of income?
	Include copies of SSA or SSI year end statements?
	Include all self-employment (fishing and business) income and expenses?
	Include copies of un-employment income and statements?
	Include copies of fuel, electric bills/statements and wood vendor receipts
	Include copy of your rent receipt and rental agreements if you rent?
	Read and Sign the Statement of Truth form and agree to program requirements?
	Sign and Date the Application?

Sincerely,

BBNA Low Income Heating Assistance Staff



Submit Your Application to: BBNA Workforce Development - Heating Assistance Program

P.O. Box 310, Dillingham, AK 99576-0310

Region Wide 1-888-285-2262, Local (907) 842-2262, Fax: (907) 842-3498

Filing Deadline: May 31, 2015

# Application for Heating Assistance FY 2015

## 1. Which program are you applying for?

- ☐ Heating Assistance  
☐ Subsidized Rental Housing Utility Deposit (SRHUD)  
☐ Out of Fuel OR  
☐ 48 Hour Disconnect Notice (attach a copy of the notice)

\*Verification of accounts will be required to determine crisis need \*

**\*It may take up to 45 days to determine income eligibility for heating assistance. To avoid a crisis, continue to make regular monthly payments on your fuel and electric utilities.\***

## 2. Tell us about you, the applicant.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Social Security No: \_\_\_\_\_ US Citizen or Qualified Alien? ☐ Yes ☐ No

Your Mailing Address:	
P.O. Box	_____
City	_____ State AK
Zip Code	_____
Daytime Phone _____	
E-mail (optional) _____	

Your Physical Address:	
Street	_____
City	_____ State AK
Zip Code	_____
Message Phone _____	
Cell Phone _____	

Your Ethnicity / Racial Heritage (optional): ☐ Alaska Native ☐ African-American ☐ American Indian ☐ Asian  
☐ Caucasian ☐ Hispanic ☐ Pacific Islander ☐ Other

## 3. Tell us about the people living in your household. (If you need more space, attach another sheet)

Household Members (First, MI, Last)	Date of Birth	Relation (NR=Not Related)	Social Security Number (Required)	US Citizen/Qualified Alien? (Yes/No)	Receive Income Last Month? (Yes/No)
Example: Susan B. Jones	01-21-1999	NR	000-00-0000	Yes	Yes

**4. Are there any other persons living with you at this residence who are not listed above?**

☐ Yes ☐ No If "Yes," please list the name and describe how rent and utility expenses are being shared.

Name	Rent & Utility Expenses Shared

**5. Are you or anyone in your household...**

Receiving Public Assistance ☐ Yes ☐ No Legally Disabled ☐ Yes ☐ No

Age 60 or Over ☐ Yes ☐ No Receive Food Stamps ☐ Yes ☐ No

**6. Have you or anyone else in your household applied for Heating Assistance from the State of Alaska or while living outside of the Bristol Bay region?**

☐ Yes ☐ No if yes, when did you apply? \_\_\_\_\_

Where did you apply? \_\_\_\_\_

**7. List all of the income in your household from the month prior to the date you sign the application. You must provide proof of income and attach all income to the application.**

**Income Codes:**

WA	Wages	TT	Tribal TANF	FC	Foster Care Payments
SEA	Seasonal Work	WC	Worker's Compensation	BIA	BIA General Assistance
SE	Self-Employment	BP	Bingo/ Pull Tab/ Other Winnings	SL	Student Loans/Grants
ATAP	Alaska Temporary Assistance	UI	Unemployment Insurance	IN	Interest
SSI	Supplemental Security Income	TI	Tips & Gratuities	CS	Child Support & Alimony
SSA	Social Security	RI	Rental Income	CO	Cash Outs (Retirement or Pension)
PFD	Permanent Fund Dividend	FLS	Family Support (Please Explain)	APA	Adult Public Assistance Program
VB	Veteran's Benefits	GR	General Relief	PE	Pension (other than Veteran's Benefits)
<b><u>FSH</u></b>	<b><u>Fishing Wages</u></b>	DI	Dividends	OT	Other (Please Explain)

**Employer name and contact information:**

Household Member	Type of Income (use codes above)	Gross Income	Weekly or Monthly?	Form of Proof	Last Day of Work
<b>Example: Susan Jones</b>	<b>WA</b>	<b>\$800.00</b>	<b>Weekly</b>	<b>Pay Stubs</b>	<b>January 31, 2011</b>

**8. Does anyone in your household have income from seasonal or self-employment work?**

(fishing, fish processing, mining, construction, wood gathering, etc)

☐ Yes ☐ No If "Yes," please submit Form B Seasonal Work Statement or Form C Self Employment Statement including all proof of income and expenses.

**9. Does anyone in your household receive rental income from property?**

☐ Yes ☐ No If "Yes," please provide the owner's name and how much income is received monthly.

Owner \_\_\_\_\_ Income (monthly) \_\_\_\_\_

**10. If your household income does not cover basic living expenses, explain how you are paying for the following:**

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

Food: \_\_\_\_\_

**11. What kind of housing do you live in?**

**Apartment or Condominium:**

- ☐ Duplex (2 units)  
☐ Triplex (3 units)  
☐ 4 or more units

- ☐ House  
☐ Cabin  
☐ Room (renting)  
☐ Group Home  
☐ Studio/Efficiency

**Temporary Housing:**

- ☐ Van or Car  
☐ Pick-Up Camper  
☐ Tent  
☐ Boarding Home  
☐ \* Motel/Hotel/Hostel

- ☐ Boat  
☐ Travel Trailer (less than 35 ft.)  
☐ Mobile Home (more than 35 ft.)  
*Please provide the exterior length and width.*  
Length (ft.) \_\_\_\_\_ Width (ft.) \_\_\_\_\_

- ☐ own home (how old is your home? \_\_\_\_\_)  
☐ rent home (attach rental agreement)

**Is your home a:**

- ☐ HUD Home  
☐ BIA Home

**Do you still have a mortgage on your home:**

☐ Yes ☐ No

**\* If you live in temporary housing, please provide a signed statement from someone who can prove you have lived there for 60 days.**

**12. How many bedrooms are there in your home? Number \_\_\_\_\_**

**13. How much rent, mortgage or space rent do you pay each month?**

Rent \_\_\_\_\_ Mortgage \_\_\_\_\_ Space Rent \_\_\_\_\_

**14. If you rent, please provide a contact name and phone number for your landlord or manager. Remember to attach a copy of your rental agreement.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**15. Is your rent based on 30 percent of your income (subsidized or section 8)?**

☐ Yes ☐ No If "Yes," please attach a copy of your rental housing worksheet.

**If heat and/or electricity is included in your rent, you MUST attach a copy of your rental agreement and most recent rent receipt or statement from your landlord.**

# Questions About Your Heating & Electricity

You MUST attach copies of your most recent fuel and electric utility statements, or wood vendor receipts.

16. What is the primary heating source for your home?

☐ Fuel Oil    ☐ Wood stove    ☐ Propane    ☐ Kerosene    ☐ Coal    ☐ Electricity

17. What is the secondary heating source for your home? ☐ Does Not Apply

☐ Fuel Oil    ☐ Wood stove    ☐ Propane    ☐ Kerosene    ☐ Coal    ☐ Electricity

18. What type of heat source do you have? ☐ Boiler    ☐ Furnace    ☐ Toyostove    ☐ Monitor

How old is your primary heat source? \_\_\_\_\_

What make and model is the primary heating source? \_\_\_\_\_

19. If you heat with wood, please answer the following: ☐ Does not apply

☐ I harvest my own wood.    ☐ I purchase wood from a vendor    Wood Vendor Name? \_\_\_\_\_

How many cords used a year? \_\_\_\_\_ What do heat with wood? \_\_\_\_\_

If you harvest your own wood, where do you harvest it? \_\_\_\_\_

Wood stove make and model# \_\_\_\_\_ Age of wood stove \_\_\_\_\_

20. Who pays for your home heat? ☐ Self    ☐ Landlord    ☐ Other (explain) \_\_\_\_\_

21. Who pays for your home electricity? ☐ Self    ☐ Landlord    ☐ Other (explain) \_\_\_\_\_

22. Have you applied or received weatherization assistance on your home?

☐ Yes - applied    ☐ No, have not applied    ☐ Applied, but have not received help yet

Which agency did you apply to? \_\_\_\_\_ What year did you apply? \_\_\_\_\_

**\* Please attach copies of your electric and fuel statements required for verification \***

23. If you pay both heat and electricity, should part of your grant be sent to your electric account? ☐ Yes    ☐ No

24. Please tell us about your Fuel and/or Electric company.

Name of Fuel Company \_\_\_\_\_ Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_ Amount of Current Bill \_\_\_\_\_

Name of Electric Company \_\_\_\_\_ Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_ Amount of Current Bill \_\_\_\_\_

If your fuel or electric account is in someone else's name, please explain.

Explanation: \_\_\_\_\_ Page 4 of 9

# Signature

## Statement of Truth

**To receive assistance, you must agree to all of the statements below & sign.**

- \* I understand that I must notify BBNA within 10 days, if I move or household members change.
- \* I understand that a BBNA representative may call my home, may contact other people and complete a home visit to determine my eligibility for assistance.
- \* I understand that information I give may be verified by computer cross-matching with other agencies.
- \* I authorize BBNA to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.
- \* I authorize BBNA to communicate with my vendor(s) and other agencies on my behalf as it relates to the Heating Assistance program.
- \* I understand that I must be currently living in the home for which I am applying.
- \* I have read the Rights and Responsibilities sections of the application packet and understand them, including the penalties for fraud.
- \* I have read the Release of Information sections of the application packet and understand them, including the penalties for fraud.

**I certify under penalty of perjury or of unsworn falsification in violation of AS 11.56.210, that the statements made regarding the persons in my home, the income and all other items that pertain to my possible eligibility for assistance are true and correct to the best of my knowledge.**

**25. X**

Signature of Adult	Date	Signature of witness if signed with an "X" (Legal Guardians provide documentation)
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**26. X**

Signature of Other Adult Applicant	Date	Signature of witness if signed with an "X"
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**Final Checklist : Did you remember?** (failure to submit all required information may delay or deny your application)

- ☐ Answer all questions
- ☐ Include proof of all income, and provide copies of SSA or SSI end of year statements
- ☐ Include all self employment (fishing and business) income and expenses
- ☐ Include copies of your fuel, electrical bills/statements and wood vendor receipts
- ☐ Include copy your rent receipt and rental agreements if you are renting
- ☐ Read and Sign the Statement of Truth above
- ☐ Sign and Date the application with today's date
- ☐ Provide Social Security numbers and dates of birth for all household members
- ☐ Include copies of unemployment income and statements

# Employment Statement (Form A)

BBNA Workforce Development - Heating Assistance Program

P.O. Box 310

Dillingham, AK 99576-0310

Region Wide: 1-888-285-2262, Local (907)842-2262

Fax: (907)842-3498

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## For Employer Use Only

Date Employment Started: \_\_\_\_\_ Date First Paycheck Started: \_\_\_\_\_

Date Employment Ended (if employee no longer works for you): \_\_\_\_\_

Date Last Paycheck Issued: \_\_\_\_\_ Gross Amount Issued: \_\_\_\_\_

### Payroll Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provide the information below for the last eight (8) paychecks issued or attach a copy of a computer printout.

<u>Gross Pay \$</u>	<u>Issue Date</u>	<u>Tips Received \$</u>

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Employer: Please complete, sign, fax or mail this form to the above address. Thank You!**



# Seasonal Work Statement (Form B)

BBNA Workforce Development - Heating Assistance Program

P.O. Box 310

Dillingham, AK 99576-0310

Region Wide: 1-888-285-2262, Local (907)842-2262

Fax: (907)842-3498

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## For Employer Use Only

Date Employment Started: \_\_\_\_\_ Date First Paycheck Started: \_\_\_\_\_

Date Employment Ended (if employee no longer works for you): \_\_\_\_\_

Date Last Paycheck Issued: \_\_\_\_\_ Gross Amount Issued: \_\_\_\_\_

Circle the past 12 months of seasonal employment: 20 \_\_\_\_\_ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
20 \_\_\_\_\_ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide information below for the past 12-month period

<u>Gross Pay \$/Issue Date</u>	<u>Gross Pay \$/Issue Date</u>	<u>Gross Pay \$/Issue Date</u>

Address: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Employer: Please complete, sign, fax or mail this form to the above address. Thank You!**

## Self Employment Income and Expenses (Form C)

Fax: (907)842-3498

Examples of self-employment include: commercial fishing, guiding, charter fishing, carving, trapping, baby-sitting, day care, home party sales, cosmetic sales, taxi driving, owning your own business and rental income.

**Circle the past 12 months of seasonal employment:**

20	_____	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
20	_____	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Provide and itemized list of all business related income and expenses received during the prior 12 months.

Allowable business expenses are those that are necessary, non-personal costs of doing business. Non-Allowable business expenses are depreciation, amortization and the principle portion of payments on business debt, personal or home expenses which the household would incur regardless of the business expense.

Date	Source	Amount		Date	Source	Amount
	<b>12 Month Income Total</b>				<b>12 Month Expense Total</b>	

Your total 12-month self-employment income, less allowable business related expenses, and any other earned and unearned income, will be divided by 12 to arrive at a monthly average. Attach additional pages as necessary.

If you are self employed through fishing, please send a copy of your entire fishing settlement for the past 12 months. If you have computerized records, you may provide a copy of your ledger documenting your business related income and expenses for the previous 12 month period. Please sign & date the ledger.

**You must also provide a copy of your most recent IRS 1040 & Schedule C income tax forms**

I certify under penalty and perjury or of unsworn falsification in violation of AS 11.56.240, that this income and expenditure information is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## When can I apply?

BBNA accepts applications year round. **You may only receive one heating assistance benefit a year between the dates of October 1 to September 30.**

## What are the 2015 income guidelines?

Household size	Gross Income in Prior Month
1	\$2,733
2	\$3,686
3	\$4,638
4	\$5,591
5	\$6,543
6	\$7,496
For each additional household member add \$952	

## Are the grants sent directly to me?

Grants are paid directly to your fuel or electric company and will be credited to your account

## Can I transfer my grant?

Once you have received your grant, it cannot be transferred unless you have moved to an area that is served by a different heat/elect company.

## Your Rights and Responsibilities

What if I disagree with your decision?

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has a right to a fair hearing. You may request a fair hearing by telephone, in person, or in writing. Contact BBNA Workforce Development Heating Assistance Program or write to BBNA Workforce Development - Heating Assistance Program. Hearings must be made within 30 days after you are mailed a notice of a decision on your Heating Assistance case. At the hearing, you may represent yourself. You may also be represented by legal counsel (e.g., Alaska Legal Services Corporation) or by another party of your choice.

How are my rights protected?

No person in the United States, on the grounds of race, color, national origin, or disability, shall be excluded from participation or be denied the benefits of federal assistance. If you feel that you have been discriminated against, you may file a complaint with BBNA Workforce Development, with the Division of Public Assistance or with the United States Department of Health and Human Services.

Do I need to tell you if something changes?

Yes. Not having current information may delay your benefits. It is very important that you report changes in your address, phone number or in household members moving into or out of the home within 10 days. Report changes to BBNA Workforce Development - Heating Assistance Program at 1-888-285-2262 or 1-907-842-2262.

What happens if I do not follow the rules?

Any member of your household who deliberately breaks the rules and receives benefits to which they are not entitled must repay the benefits and may be prosecuted.

## Release of Information

Your signature on this application gives Bristol Bay Native Association Workforce Development Heating Assistance program, the Department of Health and Social Services, and the Department of Law permission to ask for information about your finances, family and personal history. This information is only used in the administration of the BBNA Heating Assistance Program and will not be released to any other program or agency outside Department of Health and Social Services. The Release of Information will be in effect while you are an applicant or recipient of Heating Assistance and for any later investigations of your eligibility and receipt of benefits.

The people or organizations that may be contacted include, but are not limited to: fuel and electric companies, the Alaska Housing Finance Corporation, Department of Labor and Workforce Development, Department of Law, Department of Military and Veterans Affairs, Department of Revenue, U.S. Immigration Service, employers, landlords, Native corporations, private individuals, Social Security Administration, and tax assessors.

## How are the grants calculated?

Eligibility is not solely based on income. Grants are calculated using a point system based on: the area of the state you live, fuel type, household size and income. Each item has a point value. If you have low heating cost points after all factors are calculated, you may not qualify.

## How long will it take?

It may take up to 45 days to process your application. Continue to pay your bills while waiting on a decision on your application. If your bills are overdue or you are in danger of running out, contact your heat or electric company to set up a deferred payment agreement.

## Do I qualify if heat is included in my rent?

If heat is included in your rent and you do not live in subsidized housing, you may qualify for Heating Assistance.

## How do I report income?

List all income received in the month prior to the date you signed your application. Without proof, your application will be delayed or denied. Acceptable proof includes wage stubs, employer work statements (form A), Seasonal work statements (Form B), self-employment income & expenses (Form C) and year end statements or award letters from Social Security.